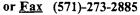
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450





INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| maintenance fee notifice | ted below or directed of ations. | therwise in Block 1, by (| a) specifying a new co | rrespondence address | ; and/or | (b) indicating a sepa | correspondence address as arate "FEE ADDRESS" for |
|--|--|---|---|--|---|---|---|
| CURRENT CORRESPOND 23117 | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | |
| NIXON & VA 901 NORTH GI ARLINGTON, | | | | | | | |
| | | • | ſ | | <u>`</u> | <u>, , , , , , , , , , , , , , , , , , , </u> | (Depositor's name) |
| | | | | | | | (Signature) |
| | | | Į | · · · · · · · · · · · · · · · · · · · | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENT | OR ATTORNEY DOCKET N | | RNEY DOCKET NO. | CONFIRMATION NO. |
| 10/522,602 03/17/2005 TITLE OF INVENTION: HYALURONIC ACID DERIVATIVES | | DERIVATIVES | Demetrio Manenti | GRT/3687-105 12/29/2009 LNGUYEN2 00000054 | | | 3448 |
| THE OF HITELE | WITH BOROWE ACIE | DERIVATIVES | | 01 FC: | | 4001CNC 000000034 | |
| | | | | 02 FC: | 1504 | | 755.00 OP 300.00 OP |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | | | TOTAL FEE(S) DUE | 15.00 0P DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | | \$1055 | 12/29/2009 |
| EXAM | INER . | ART UNIT | CLASS-SUBCLASS | | | | |
| HENRY, MICHAEL C 1. Change of correspondence address or indication | | 1623 | 514-054000 | • . | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required. | | | or agents OR, altern (2) the name of a si registered attorney of 2 registered patent a listed, no name will | a single firm (having as a member a ey or agent) and the names of up to nt attorneys or agents. If no name is will be printed. | | | |
| PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG | less an assignee is ident h in 37 CFR 3.11. Com | | | patent. If an assign an assignment. TY and STATE OR (| | | ocument has been filed for |
| Please check the appropr | iate assignee category or | categories (will not be pr | inted on the patent): | 🗆 Individual 🛛 Co | rporatio | on or other private gro | oup entity Government |
| 4a. The following fee(s): Issue Fee Publication Fee (N Advance Order - # | lo small entity discount p | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form). | | | | | |
| | s SMALL ENTITY statu | is. See 37 CFR 1.27. | ☐ b. Applicant is no l | onger claiming SMA | L ENT | ITY status. See 37 CF | FR 1.27(g)(2). |
| interest as shown by the r | a Publication Fee (if requestroords of the United Sta | uired) will not be accepted tes Patent and Trademark | I from anyone other tha Office. | n the applicant; a regi | stered at | ttorney or agent; or th | e assignee or other party in |
| Authorized Signature | Box | | | Date De | cemb | er 28, 2009 | |
| Typed or printed name | | | | Registration N | | 43,180 | |
| This collection of informan application. Confident submitting the completed this form and/or suggesting this form and/or suggesting the suggesting the suggesting the suggesting the suggestion of the suggesting the suggestion that suggestion the suggestion | ation is required by 37 C iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DC 13-1450. | FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the O NOT SEND FEES OR C | n is required to obtain of 1.14. This collection is depending upon the ince Chief Information OfficomPLETED FORMS | r retain a benefit by t estimated to take 12 r lividual case. Any co icer, U.S. Patent and TO THIS ADDRESS | ne public ninutes mments Tradema SEND | c which is to file (and to complete, includin on the amount of tin ark Office, U.S. Depa TO: Commissioner f | by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.